S. No. 2
M—5-42
5-17-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16379

FILED MAY 27 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4471

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 yrs 4mos (Specify whether In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 12
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9/3
(d) Street No. Cady Dauntermann (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JULIA MARSHALL
3. (b) If veteran, name war --
3. (c) Social Security No.

4. Sex Female | 5. Color or race white | 6. (a) Single, widowed, married, divorced 2 widow

6. (b) Name of husband or wife late Eckard Marshall
6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 9 (Day) 1884 (Year)

8. AGE: Years	Months	Days	If less than one day
58	10	2	hr. min.

9. Birthplace unknown (City, town, or county) Missouri (State or foreign country)
10. Usual occupation none
11. Industry or business

MOTHER FATHER
12. Name unknown John Adams
13. Birthplace unknown (City, town, or county) Mo (State or foreign country)
14. Maiden name unknown Mary McClure
15. Birthplace unknown (City, town, or county) Mo (State or foreign country)

16. (a) Informant Thelma A Singler
(b) Address 5400 Arsenal 15-43
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Kriegshauser, Mortuary
(b) Address 4228 So. Kingshighway Blvd
19. (a) MAY 12 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1943 hour 8:45 minute A M.

21. I hereby certify that I attended the deceased from 7-1-1936 19 to May 11, 19 43 that I last saw her alive on May 11, 19 43 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intracerebral Hemorrhage.	5/5/43
Due to Brain Operation. Prefrontal Leucotomy.	5/5/43
Due to Psychosis. Dementia Praecox.	1/11/24
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Intraventricular Hemorrhage.	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Walter L. Moore (M. D. or other) M.D.
Address 5400 Arsenal St. Date signed 5/12/43.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Richard W. Stevenson

Licensed Embalmer No. 4007

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.